WORKPLACES DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist employers in making (re)opening decisions during the COVID-19 pandemic, especially to protect vulnerable workers. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Should you consider opening?

✓ Will reopening be consistent with applicable state and local orders?
✓ Are you ready to protect employees at higher risk for severe illness?

→ ANY

NO

DO NOT OPEN

Are recommended health and safety actions in place?

✓ Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible
✓ Intensify cleaning, disinfection, and ventilation
✓ Encourage social distancing and enhance spacing between employees, including through physical barriers, changing layout of workspaces, encouraging telework, closing or limiting access to communal spaces, staggering shifts and breaks, and limiting large events, when and where feasible
✓ Consider modifying travel and commuting practices. Promote telework for employees who do not live in the local area, if feasible.
✓ Train all employees on health and safety protocols

→ ANY

NO

MEET SAFEGUARDS FIRST

Is ongoing monitoring in place?

✓ Develop and implement procedures to check for signs and symptoms of employees daily upon arrival, as feasible
✓ Encourage anyone who is sick to stay home
✓ Plan for if an employee gets sick
✓ Regularly communicate and monitor developments with local authorities and employees
✓ Monitor employee absences and have flexible leave policies and practices
✓ Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

→ ANY

NO

MEET SAFEGUARDS FIRST

OPEN AND MONITOR

cdc.gov/coronavirus
Coronavirus Disease 2019 (COVID-19)

Symptoms of Coronavirus

What you need to know

- Anyone can have mild to severe symptoms.
- Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

Watch for symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

Self-Checker

A guide to help you make decisions and seek appropriate medical care.

When to Seek Emergency Medical Attention

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately.
• Trouble breathing
• Persistent pain or pressure in the chest
• New confusion
• Inability to wake or stay awake
• Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Caring for yourself or others
• How to protect yourself
• How to care for someone who is sick
• What to do if you are sick

Digital Resources

Symptoms of COVID-19 (PDF)
Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms of COVID-19 (Video)
Symptoms can include fever, cough and shortness of breath.

Symptoms of COVID-19: ASL (Video)
American Sign Language Video about symptoms.

Stop the Spread Germs (PDF)
Help prevent the spread of respiratory diseases, coronavirus disease

More Information

Older Adults
Travelers

People at Higher Risk for Severe Illness
Healthcare Professionals

Page last reviewed: May 13, 2020
Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases
Coronavirus Disease 2019 (COVID-19)

What to Do If You Are Sick
Updated May 8, 2020

If you have a fever, cough or other symptoms, you might have COVID-19. Most people have mild illness and are able to recover at home. If you think you may have been exposed to COVID-19, contact your healthcare provider.

- Keep track of your symptoms.
- If you have an emergency warning sign (including trouble breathing), get emergency medical care immediately.

Self-Checker
A guide to help you make decisions and seek appropriate medical care.

Steps to help prevent the spread of COVID-19 if you are sick

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care

- Stay home. Most people with COVID-19 have mild illness and can recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- Take care of yourself. Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- Stay in touch with your doctor. Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- Avoid public transportation, ride-sharing, or taxis.

Separate yourself from other people

As much as possible, stay in a specific room and away from other people and pets in your home. If possible, you should use a separate bathroom. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.

- Additional guidance is available for those living in close quarters and shared housing.
- See COVID-19 and Animals if you have questions about pets.
Monitor your symptoms

- Symptoms of COVID-19 fever, cough, or other symptoms.
- Follow care instructions from your healthcare provider and local health department. Your local health authorities may give instructions on checking your symptoms and reporting information.

When to Seek Emergency Medical Attention

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Call ahead before visiting your doctor

- Call ahead. Many medical visits for routine care are being postponed or done by phone or telemedicine.
- If you have a medical appointment that cannot be postponed, call your doctor's office, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.

If you are sick wear a cloth covering over your nose and mouth

- You should wear a cloth face covering, over your nose and mouth if you must be around other people or animals, including pets (even at home)

- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing, for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.

- Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.
Cover your coughs and sneezes

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Throw away used tissues in a lined trash can.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often

- Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Use hand sanitizer if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- Soap and water are the best option, especially if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Handwashing Tips

Avoid sharing personal household items

- Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- Wash these items thoroughly after using them with soap and water or put in the dishwasher.

Clean all “high-touch” surfaces everyday

- Clean and disinfect high-touch surfaces in your “sick room” and bathroom; wear disposable gloves. Let someone else clean and disinfect surfaces in common areas, but you should clean your bedroom and bathroom, if possible.
- If a caregiver or other person needs to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and disposable gloves prior to cleaning. They should wait as long as possible after the person who is sick has used the bathroom before coming in to clean and use the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- Clean and disinfect areas that may have blood, stool, or body fluids on them.
- Use household cleaners and disinfectants. Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

- Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are
Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- Most EPA-registered household disinfectants should be effective. A full list of disinfectants can be found here.
- Complete Disinfection Guidance

### When it's Safe to be Around Others After Being Sick with COVID-19

Deciding when it is safe to be around others is different for different situations. Find out when you can safely end home isolation.

For any additional questions about your care, contact your healthcare provider or state or local health department.

### For healthcare professionals

There is no specific antiviral treatment recommended for COVID-19. People with COVID-19 should receive supportive care to help relieve symptoms. For severe cases, treatment should include care to support vital organ functions.

- Evaluating and Testing Patients for COVID-19
- Infection Prevention and Control in Healthcare Settings
- Discontinuing Isolation Guidance

### Print Resources

**Caring for yourself at home: 10 things to manage your health**

What you can do if you have possible or confirmed COVID-19:

- English
- Spanish
- Chinese
- Vietnamese
- Korean

### More information

- Travelers
- Households
Hand Hygiene Recommendations

Guidance for Healthcare Providers about Hand Hygiene and COVID-19

This information complements the Infection Control Guidance and includes additional information about hand hygiene.

Background

- Hand hygiene is an important part of the U.S. response to the international emergence of COVID-19. Practicing hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings. CDC recommendations reflect this important role.
- The exact contribution of hand hygiene to the reduction of direct and indirect spread of coronaviruses between people is currently unknown. However, hand washing mechanically removes pathogens, and laboratory data demonstrate that ABHR formulations in the range of alcohol concentrations recommended by CDC, inactivate SARS-CoV-2.\(^1,2\)
- ABHR effectively reduces the number of pathogens that may be present on the hands of healthcare providers after brief interactions with patients or the care environment.

Hygiene

Methods

- CDC recommends using ABHR with greater than 60% ethanol or 70% isopropanol in healthcare settings. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink.\(^3\)
- Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom. Learn more about hand hygiene in healthcare settings.

Impact to Operations

- Healthcare organizations that encounter severe shortages of ABHR (and have exhausted supply chain access to efficacious products) may consider local production of formulations as described by the temporary FDA Policy for Compounding of Certain Alcohol-Based Hand Sanitizer Products.\(^4\). Healthcare organizations should return to using a commercially produced, FDA-approved product when supplies become available.
  - The FDA policy allows for ethanol or isopropyl to be used as the active ingredient in ABHR manufactured by entities that are not currently registered with the FDA to manufacture drugs.
  - ABHR must be properly formulated with emollients to protect the health of the skin, reduce pathogens on the hands, and avoid inadvertent exposure to organisms not killed by alcohol (e.g., spores).
  - Formulations included in the FDA guidance are consistent with World Health Organization Production Guidance.\(^5\)\(^6\). These locally produced products are intended for routine healthcare personnel hand cleaning, must
not contain active ingredients other than those specified in the FDA guidance, and should not take the place of other regulated skin antiseptics (e.g., surgical hand rub).

- To avoid contamination with spore-forming organisms, WHO formulations require a 72-hour post-production quarantine.

- CDC does not have a recommended alternative to hand rub products with greater than 60% ethanol or 70% isopropanol as active ingredients. Benzalkonium chloride, along with both ethanol and isopropanol, is deemed eligible by FDA for use in the formulation of healthcare personnel hand rubs. However, available evidence indicates benzalkonium chloride has less reliable activity against certain bacteria and viruses than either of the alcohols.

- The USP hand sanitizer toolkit formulas have final concentrations of 80% ethanol or 75% isopropyl alcohol concentrations. A final concentration of 80% ethanol or 75% isopropyl alcohol recommended in the USP hand sanitizer toolkit are aligned with World Health Organization (WHO) formulations.

  - These formulations have been defined at a single concentration value that falls within the range recommended by CDC.
  - WHO formulations have been manufactured in countries that do not have access to commercially available ABHR, evaluated internationally, and are recommended by WHO for use in response to an emerging viral pathogen, including viruses that are genetically related to, and with similar physical properties as, the SARS-CoV-2.

References


Page last reviewed: May 17, 2020
Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases
Safety Plan

Essential Employees

It is essential to help stop/slow the spread of COVID-19, and your cooperation in this policy of our division is required.

It is recommended to maintain the 6’ or more social distancing while in the office building. No gatherings to visit or chit chat. Masks must be worn outside of your office space while in your building. Office doors will be kept closed.

Screener: Will wear a mask and gloves. The screener will greet and meet visitors and staff at the door.

Questioning: Any yes answers to the questions below will result in no entrance to the building.

- Cough
- Fever; more than 100°F
- Experiencing any shortness of breath
- Is anyone in your family sick with the above symptoms

Screening:

- Your temperature will be taken. Use an alcohol wipe after each temperature scan.
- If your temperature is elevated over 100°F you will not be allowed in the building and you will be asked to monitor your symptoms, follow CDC and MDH guidelines and to contact your medical provider by phone.
- Visitors must have a reason to be in the building, the visitor will wait for the staff person to come and get them.

Other Actions:

- Hand sanitizer must be used upon entrance of the building.
- Frequent hand washing recommended.
- Keep work area clean and wiped down with disinfectant wipes.
GUIDANCE FOR CLEANING & DISINFECTING
PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES

1 DEVELOP YOUR PLAN
DETERMINE WHAT NEEDS TO BE CLEANED. Areas unoccupied for 7 or more days need only routine cleaning. Maintain existing cleaning practices for outdoor areas.

DETERMINE HOW AREAS WILL BE DISINFECTED. Consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.

CONSIDER THE RESOURCES AND EQUIPMENT NEEDED. Keep in mind the availability of cleaning products and personal protective equipment (PPE) appropriate for cleaners and disinfectants.

2 IMPLEMENT
CLEAN VISIBLY DIRTY SURFACES WITH SOAP AND WATER prior to disinfection.

USE THE APPROPRIATE CLEANING OR DISINFECTANT PRODUCT. Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.

ALWAYS FOLLOW THE DIRECTIONS ON THE LABEL. The label will include safety information and application instructions. Keep disinfectants out of the reach of children.

3 MAINTAIN AND REVISE
CONTINUE ROUTINE CLEANING AND DISINFECTION. Continue or revise your plan based upon appropriate disinfectant and PPE availability. Dirty surfaces should be cleaned with soap and water prior to disinfection. Routinely disinfect frequently touched surfaces at least daily.

MAINTAIN SAFE PRACTICES such as frequent handwashing, using cloth face coverings, and staying home if you are sick.

CONTINUE PRACTICES THAT REDUCE THE POTENTIAL FOR EXPOSURE. Maintain social distancing, staying six feet away from others. Reduce sharing of common spaces and frequently touched objects.

Follow guidance from state, tribal, local, and territorial authorities.

For more information, please visit CORONAVIRUS.GOV
MAKING YOUR PLAN TO CLEAN AND DISINFECT

Cleaning with soap and water removes germs, dirt, and impurities from surfaces. It lowers the risk of spreading infection.

Disinfecting kills germs on surfaces. By killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Is the area indoors?

YES

It is an indoor area.

NO

Maintain existing cleaning practices.
Coronaviruses naturally die in hours to days in typical indoor and outdoor environments. Viruses are killed more quickly by warmer temperatures and sunlight.

Has the area been occupied within the last 7 days?

YES

Yes, the area has been occupied within the last 7 days.

NO

The area has been unoccupied within the last 7 days.
The area will need only routine cleaning.

Is it a frequently touched surface or object?

YES

Yes, it is a frequently touched surface or object.

NO

Thoroughly clean these materials.
Consider setting a schedule for routine cleaning and disinfection, as appropriate.

What type of material is the surface or object?

Hard and non-porous materials like glass, metal, or plastic.
Visibly dirty surfaces should be cleaned prior to disinfection.
Consult EPA's list of disinfectants for use against COVID-19, specifically for use on hard, non-porous surfaces and for your specific application need. More frequent cleaning and disinfection is necessary to reduce exposure.

Soft and porous materials like carpet, rugs, or material in seating areas.
Thoroughly clean or launder materials. Consider removing soft and porous materials in high traffic areas. Disinfect materials if appropriate products are available.
Coronavirus Disease 2019 (COVID-19)

Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings

Interim Guidance

Related Pages

Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)

Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19

CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances.

Summary Page

Who this is for:

Healthcare providers and public health officials managing persons with coronavirus disease 2019 (COVID-19) under isolation who are not in healthcare settings. This includes, but is not limited to, at home, in a hotel or dormitory room, or in a group isolation facility.

For Hospitalized Patients, see (Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)).

Summary of Recent Changes

Updates as of May 29, 2020

Added information around the management of persons who may have prolonged viral shedding after recovery.

Updates as of May 3, 2020

- Changed the name of the ‘non-test-based strategy’ to the ‘symptom-based strategy’ for those with symptoms. Added a ‘time-based strategy’ and named the ‘test-based strategy’ for asymptomatic persons with laboratory-confirmed COVID-19. Extended the home isolation period from 7 to 10 days since symptoms first appeared for the symptom-based strategy in persons with COVID-19 who have symptoms and from 7 to 10 days after the date of their first positive test for the time-based strategy in asymptomatic persons with laboratory-confirmed COVID-19. This update was made based on evidence suggesting a longer duration of viral shedding and will be revised as additional evidence becomes available. This time period will capture a greater proportion of
contagious patients; however, it will not capture everyone.

- Removed specifying use of nasopharyngeal swab collection for the test-based strategy and linked to the Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for Coronavirus Disease 2019 (COVID-19), so that the most current specimen collection strategies are recommended.

Updates as of April 4, 2020

- Revised title to include isolation in all settings other than health settings, not just home.

Limited information is available to characterize the spectrum of clinical illness, transmission efficiency, and the duration of viral shedding for persons with COVID-19. This guidance is based on available information about COVID-19 and subject to change as additional information becomes available.

For Persons with COVID-19 Under Isolation:

The decision to discontinue home isolation for persons with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or a test-based strategy. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

1). Symptom-based strategy

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed since symptoms first appeared.

2). Test-based strategy Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)*. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.
For Persons Who have NOT had COVID-19 Symptoms but Tested Positive and are Under Isolation:

Options now include both a 1) time-based strategy, and 2) test-based strategy.

1). Time-based strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

2). Test-based strategy A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)*. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Other Considerations

The symptom-based, time-based, and test-based strategies may result in different timeframes for discontinuation of isolation post-recovery. For all scenarios outlined above, the decision to discontinue isolation should be made in the context of local circumstances.

Note that recommendations for discontinuing isolation in persons known to be infected with COVID-19 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been exposed to COVID-19. CDC recommends 14 days of quarantine after exposure based on the time it takes to develop illness if infected. Thus, it is possible that a person known to be infected could leave isolation earlier than a person who is quarantined because of the possibility they are infected.

This recommendation will prevent most, but cannot prevent all, instances of secondary spread. The risk of transmission after recovery is likely substantially less than that during illness; recovered persons will not be shedding large amounts of virus by this point, if they are shedding at all. Employers and local public health authorities can choose to apply more stringent criteria for certain persons where a higher threshold to prevent transmission is warranted.

For certain populations, a longer timeframe after recovery may be desired to minimize the chance of prolonged shedding of replication-competent virus. Such persons include:
• healthcare personnel in close contact with vulnerable persons at high-risk for illness and death if those persons get COVID-19 and
• persons who have conditions that might weaken their immune system which could prolong viral shedding after recovery.

Experience from other respiratory viral infections, in particular influenza, suggests that people with COVID-19 may shed detectable viral materials of unknown infectious potential for an extended period of time after recovery. The best available evidence suggests that most persons recovered from illness with detectable viral RNA (either persistent or recurrent) are likely no longer infectious, but conclusive evidence is not currently available. Prolonged viral shedding has been demonstrated without direct correlation with replication competent virus. Although persons may produce PCR-positive specimens for up to 6 weeks, it remains unknown whether these PCR-positive samples represent the presence of infectious virus. Such persons should consult with their healthcare provider; strategies to address this might include additional PCR testing. When a test-based strategy is not feasible or desired, consider consultation with local infectious disease experts about discontinuing home isolation for patients who might have prolonged viral shedding, including those who are immunocompromised.

Footnotes

*All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available. In persons with a persistent productive cough, SARS-CoV-2-RNA might be detected for longer periods in sputum specimens than in respiratory specimens.

Additional Resources

NOTE: Specific guidance for return to work for healthcare facilities for healthcare personnel can be found at: Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19

• Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)
• Ending Home Isolation for Immunocompromised Persons with COVID-19
• Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)

References

Coronavirus Disease 2019 (COVID-19)

Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance)

Summary of Recent Changes as of April 30, 2020

- Changed the name of the ‘non-test-based strategy’ to the ‘symptom-based strategy’ for those with symptoms and the ‘time-based strategy’ for those without symptoms, and updated these to extend the duration of exclusion from work to at least 10 days since symptoms first appeared. This update was made based on evidence suggesting a longer duration of culturable viral shedding and will be revised as additional evidence becomes available.
- Based on this extension of the symptom-based and time-based strategies, language about the test-based strategy being preferred was removed.
- Removed specifying use of nasopharyngeal swab collection for the Test-Based Strategy and linked to the Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV), so that the most current specimen collection strategies are recommended.

CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances.

Who this is for: Occupational health programs and public health officials making decisions about return to work for healthcare personnel (HCP) with confirmed COVID-19, or who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, sore throat, shortness of breath, fever] but did not get tested for COVID-19).

Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or time-based strategy or a test-based strategy. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

Return to Work Criteria for HCP with Suspected or Confirmed COVID-19

Symptomatic HCP with suspected or confirmed COVID-19 (Either strategy is acceptable depending on local circumstances):

- **Symptom-based strategy**: Exclude from work until:
  - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
  - At least 10 days have passed since symptoms first appeared
• **Test-based strategy.** Exclude from work until:

  • Resolution of fever without the use of fever-reducing medications and
  • Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
  • Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)[1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

HCP with laboratory-confirmed COVID-19 who have not had any symptoms (Either strategy is acceptable depending on local circumstances):

• **Time-based strategy.** Exclude from work until:

  • 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

• **Test-based strategy.** Exclude from work until:

  • Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individual are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Consider consulting with local infectious disease experts when making return to work decisions for individuals who might remain infectious longer than 10 days (e.g., severely immunocompromised).

If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

**Return to Work Practices and Work Restrictions**

After returning to work, HCP should:

• Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.
  • A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
  • Of note, N95 or other respirators with an exhaust valve might not provide source control.

• Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.
Strategies to Mitigate Healthcare Personnel Staffing Shortages

Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting HCP to return to work without meeting all return to work criteria above. Refer to the Strategies to Mitigate Healthcare Personnel Staffing Shortages document for information. As part of this, asymptomatic HCP with a recognized COVID-19 exposure might be permitted to work in a crisis capacity strategy to address staffing shortages if they wear a facemask for source control for 14 days after the exposure. This time period is based on the current incubation period for COVID-19 which is 14 days.

Footnotes

1 All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available. In persons with a persistent productive cough, SARS-CoV-2-RNA might be detected for longer periods in sputum specimens than in upper respiratory tract specimens.

Definitions

Cloth face covering: Textile (cloth) covers are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. They are not PPE and it is uncertain whether cloth face coverings protect the wearer. CDC has guidance available on design, use, and maintenance of cloth face coverings.

Facemask: Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare.

Page last reviewed: May 2, 2020
Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases